

Revision: HCFA-PM-95-4
JUNE 1995

(HSQB)

ATTACHMENT 4.35-C

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: **MAINE**

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Temporary Management: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

Alternative Remedy

(Will use the criteria and notice requirements specified in the regulation.)

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are specified in the regulations.)

OFFICIAL

TN No. 95-015

Supersedes

Approval Date: 1/31/96

Effective Date: 10/1/95

TN No. 90-06